

MINNESOTA WING CIVIL AIR PATROL ACTIVITY NOTIFICATION FORM

COMMANDER'S NAME:	UNIT NAME:
ACTIVITY NAME:	INCLUSIVE DATES:
DEPARTURE TIME & PLACE:	
ACTIVITY LOCATION:	
RETURN TIME & PLACE:	
IN AN EMERGENCY CONTACT:	
FOR FURTHER INFORMATION CONTACT:	
ACTIVITY REQUIREMENTS (Uniform, Activity Fee, Spending Money, etc...):	
ADDITIONAL REQUIREMENTS LISTED ON THE BACK OF THIS FORM.	

----- CUT AND RETURN BOTTOM HALF WITH SIGNATURES TO UNIT COMMANDER -----

RELEASE BY PARENTS OR GUARDIANS FOR (Activity)

FOR AND IN CONSIDERATION OF the benefits of (Full name of cadet) _____
Derives by participating in the activity referred to above, I as parent of guardian of said minor child, do hereby for myself, my heirs, executors, and administrators
remit, release, and forever discharge the Government of the United States of America, Civil Air Patrol Inc., all officers, directors, employees, and agents, acting
officially or otherwise, of both the United States of America and Civil Air Patrol Inc., from any and all claims, actions, or causes of action on account of the death or
on account of injury to the cadet which may occur by reason of the activities referred to above. In addition by my signature below, I certify the applicant:

- a. Is my minor child or ward.
- b. Was born on (Month, Day, Year) _____
- c. Has no history of injury or disease which might be affected by the activity except: (If any explain in detail. Attach sheet if necessary)

However, In case of injury, disease, or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is release from the activity
before recovery from said injury, disease, or illness, further treatment will be provided by myself.

IN TESTIMONY WHEREOF the undersigned has (have) set his (her) (their) hand to the foregoing this _____ day of
_____, 19____.

(WITNESS FOR FATHER'S SIGNATURE)

(STREET)

(CITY) (STATE) (ZIP)

(FATHER OF LEGAL GUARDIAN)

(STREET)

(CITY) (STATE) (ZIP)

(WITNESS FOR MOTHER'S SIGNATURE)

(STREET)

(CITY) (STATE) (ZIP)

(MOTHER OR LEGAL GUARDIAN)

(ADDRESS IF DIFFERENT FROM ABOVE)

(CITY) (STATE) (ZIP)